2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001890

1. Entity Name

AMERI-LIFE HEALTH SERVICES OF NORTH FLORIDA, L.L

FILED

01 MAR 15 AM 2:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4347-2 UNIVERSITY BLVD S. JACKSONVILLE FL 32216	4347-2 UNIVERSITY BLVD S. JACKSONVILLE FL 32216

2. Principal Place of Business	3. Mailing Address
	2536 Countryside Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th Floor
City & State	City & State Clearwater Fl
Zip / Country	Zip 33763 / Country U.S.A.

4. FEI Number 59-3665455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAIKARA, KIMBERLY J 2536 COUNTRYSIDE BLVD., 6TH FL CLEARWATER FL 33763	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition LLC Manager American Insurance Administrators, Inc. 2536 Countryside Blvd. 6th Floor Clearwater FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Manager Ronald Michetti 2536 Countryside Blvd. 6th Floor Clearwater FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200003888322--7 -03/20/01--01062--015 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED W. Dennis Pepe 2/23/01 (727) 726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)

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